

Nurse-led Screening and Counseling for Victims of Intimate Partner Violence in Mexico City



In Mexico, one in four women have experienced physical and/or sexual violence by an intimate partner, and addressing violence against women remains a challenge across the world. This study evaluated the impact of a nurse-delivered screening and counseling program on intimate partner violence in Mexico City. The study did not find any notable differences between the group that received the nurse-led screening and victim counseling and the group that did not; both groups experienced improvements in several outcomes over the course of the evaluation. It is unclear whether the intervention had no impact or if being asked about these topics (as part of the study) may have led to changes in attitudes and behavior.

Policy Issue

Thirty percent of women worldwide experience physical and/or sexual intimate partner violence sometime in their lifetime.¹ Research demonstrates that women who experience such violence undergo negative health consequences. Previous studies indicate these women are more likely to experience poor mental health; unwanted pregnancies; vulnerabilities to HIV and sexually transmitted infections; risk of antepartum hemorrhage and miscarriage; depression and suicide. Given the high percentage of women of reproductive age affected by such violence, along with associated negative reproductive health consequences, health care providers can play a critical role in both assessing intimate partner violence in their patients and in mitigating related risks.

While various policies have been implemented to strengthen the health care response to intimate partner violence, most robust designs have been conducted in industrialized countries such as the United States. Before this study, rigorous evaluations of the few existing health sector intervention efforts had not been conducted in a systematic manner in Mexico. This study aimed to provide insights into whether a nurse-delivered program can assist women currently experiencing partner violence in a Latin American context.

Evaluation Context

One in four women in Mexico reports experiencing physical and sexual intimate partner violence.² For lower income women who experience sexual or physical abuse by a partner in Mexico City, nurses in



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COUNTRY

Mexico

PARTNERS

Mexican Foundation for Family Planning (MEXFAM), Secretariat of Health of Mexico City, The National Institute of Public Health of Mexico (INSP)

PROGRAM AREA

Health

TOPICS

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government clinics are often their first point of contact with the healthcare sector. Training nurses to respond to cases of intimate partner violence may, therefore, increase midlevel health care providers' capacity to identify cases and to assist these women with health risk mitigation.

This study aimed to inform partners and other organizations working to reduce intimate partner violence about effective programs and policies in Mexico City's public health care facilities and at the national level.

Details of the Intervention

Researchers conducted a randomized evaluation to evaluate the impact of nurse-led screening and victim counseling on women who experience intimate partner violence. The evaluation was implemented by IPA in government health clinics belonging to the Secretariat of Health of Mexico City. The study included 950 women from 42 health care clinics. Half of the randomly assigned clinics served as the intervention group, while the other half served as a comparison group.

Eligible participants were women 18-44 years of age, who were either not pregnant or in their first trimester and reported experiencing physical and/or sexual violence in the previous year in a heterosexual relationship.

Nurses in the clinics assigned to the intervention group underwent a two-week training with refresher sessions on intimate partner violence, the health impacts of such violence, how to document cases, carry out safety planning and perform supported referrals. The comparison clinics offered a minimum standard of care from Mexico City's government health facilities (i.e., a referral card for victims only).³

Women who agreed to participate in the intervention group completed an initial survey and then received a 30-minute counseling session from a trained nurse. Those participants received a follow-up counseling session three months after the initial survey. Final data collection took place fifteen months after the initial survey.

Researchers asked participants in both groups about occurrence and injuries from severe physical and sexual violence by an intimate partner over the previous year; reproductive coercion; use of community-based resources and safety planning; and quality of life and mental health. Researchers also conducted in-depth interviews with women and nurses from treatment and comparison clinics to gather qualitative data on which specific aspects of the program triggered any changes.

Results and Policy Lessons

After 15 months, nurse-led screening and victim counseling did not result in improvements in any of the primary outcomes studied: women who were offered the screening were not less likely to experience intimate partner violence or reproductive coercion, were not more likely to use community-based resources and safety planning, and did not report better mental quality of life relative to women who were not offered the screening.

Women in both groups reported positive improvements in these areas, compared to the initial

survey—however, the reductions between the intervention and comparison groups were comparable.

After three months, there were short-term positive impacts: women in the intervention group were more likely to use safety planning and reported improved mental quality of life, but this was no longer true after 15 months. For safety planning, this may have been because of an initial uptick in one-time behaviors soon after the initial intervention, while for mental quality of life it may have been due to initial feelings of support and validation after the nurse-led intervention that eventually faded.

More research is needed to determine why the enhanced nurse-led screening did not have stronger impacts than the standard care that the comparison group received. One possibility is that the standard intervention may have been sufficient to improve outcomes especially for the highly-vulnerable women who participated in this evaluation—lower-income women who had recently experienced intimate partner violence. Qualitative interviews conducted after the evaluation also suggest that the experience of being asked about such topics may have motivated participants to reflect and change aspects of their behavior.

Sources

1. WHO report 2013 http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf

2. Avila-Burgos, Leticia, Rosario Valdez-Santiago, Martha Híjar, Aurora del Rio-Zolezzi, Rosalba Rojas-Martínez, and Carlo E. Medina-Solís. "Factors associated with severity of intimate partner abuse in Mexico: results of the first National Survey of Violence Against Women." *Can J Public Health* 100, no. 6 (2009): 436-41.

[3] For ethical reasons, a “pure” comparison arm was not included in this study, and the comparison arm’s standard of care was more than most women would typically receive within these clinics.